

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90002 017 ***150.00

DOCUMENT # S44853

1. Corporation Name

C & M ALUMINUM ADDITIONS, INC.

Principal Place of Business

~~HC 3 BOX 770~~
SATSUMA FL 32189
US

Mailing Address

~~HC3 BOX 770~~
SATSUMA FL 32189
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1991

4. FEI Number

59-3056602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

HC 4 Box 4430

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

HC 4 Box 4430

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TOWNSEND JR, WILLIAM L.
200 REID ST
FIRST UNION BANK BLDG
PALATKA FL 32178-0250

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME POUPORE, GORDON ELI
STREET ADDRESS 201 PICKEREL AVE
CITY-ST-ZIP SAN MATEO FL

TITLE DST ☐ DELETE
NAME POUPORE, MARCIA ANN
STREET ADDRESS 201 PICKEREL AVE
CITY-ST-ZIP SAN MATEO FL

TITLE D ☐ DELETE
NAME MALLOY, LOUIS WILFRED
STREET ADDRESS 1036 S HWY 17
CITY-ST-ZIP SATSUMA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OV ☐ Change ☒ Addition
1.2 NAME Poupore, Ricky John
1.3 STREET ADDRESS 201 Pickerel Ave.
1.4 CITY-ST-ZIP San Mateo, FL 32187

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricky John Poupore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99
Date

904-649-9930
Daytime Phone #

0031815

CR2E034 (11/98)